Dynamic Chiropractic

HEALTH & WELLNESS / LIFESTYLE

New Center Hospital, a Model of Success for the Future

PURPOSE OF THE PROGRAM

R. James Gregg

The New Center Hospital Program was born out of frustration and irritation. Routinely all DCs are faced with varying types of patients. First is the type of patient who enters your office in severe pain. The pain may be due to a recent trauma that requires immediate hospitalization or at that point to some unknown ideology. In either case, once the doctor has established that he can help the patient, he must institute every measure that his scope will allow to relieve and eventually eliminate the patient's pain. If, to some degree, this cannot be done within the first few visits, the DC is rarely afforded the opportunity to even get into the correctional phase of his care. This patient ends up in an MD's or DO's office or the local emergency room and is lost to chiropractic care in many cases for good. The second type of patient is the one who, while under chiropractic care, develops an emergency that requires hospitalization for a condition totally unrelated to the original complaints that he entered the hospital for. These patients would often request that you come to the hospital to adjust them, only to be told by their medical physician that it was not allowed. Many times this patient was also lost to chiropractic care. The final frustration was to be faced with a patient who, in the beginning of care, progressed very well and then for some unknown reason, began to deteriorate. At this point, we have all been faced with a decision of whether or not to continue on or refer. Additional information from evaluation and testing at a local hospital or diagnostic laboratory would have made the choice far easier. For various reasons these services are not available to chiropractors, so at best the choice became one of an educated guess. With the concern of malpractice ever present, I didn't feel it was fair to my patients, nor to my profession, to continue on this way.

Beginning of the Program

In 1984, I began dialogue about a chiropractic program with New Center Hospital in Detroit. I had heard that New Center Hospital was very open to alternative health care. In fact, they were the first hospital in the state of Michigan to allow podiatrists on the staff. My first meeting was with the hospital administration. When they realized the economic impact that such a program would have on the hospital, they enthusiastically agreed that we should begin. Our second step was the true test -- a meeting with the executive committee, which is primarily made up of medical physicians who head up each department of the hospital. They presented me with two objections: First, they felt if chiropractors were allowed staff privileges, they would continually be interfering with medical care and procedures. Second, they felt that by interacting with the chiropractic patient and the chiropractor, their exposure to malpractice would be greatly increased. I explained to the committee that what I was proposing was a co-admitting program in which the medical physician and the chiropractic physician would work together for the betterment of the patient. The medical doctor would be responsible for medical care and the chiropractor would be responsible for chiropractic care. I was not proposing that one discipline replace another. The issue of malpractice was satisfactorily handled by explaining to the executive committee that due to the broad scope afforded by a medical license, the medical doctor performs far more procedures that expose him to malpractice than does the chiropractor. Therefore, if anybody should be concerned

about the issue of malpractice when requesting that a medical physician participate in cooperative patient care, it is truly the chiropractor. With little discussion, the vote was unanimous to implement a chiropractic program.

Implementing the Program

The first step toward implementing the program was to amend the hospital bylaws. I created the amendment by quoting the Michigan Chiropractic Practice Act which defined the practice and scope of the DC. I thought it extremely important that chiropractic terminology be used to describe the chiropractic approach to health care. If we were to remain a chiropractic program and not just a specialty of medicine, I felt strongly that terms such as subluxation and adjustment be used in our bylaws, versus spinal manipulation and nonpathogenic lesion. This would also prevent us from becoming a duplication of service since there were DOs as well as MDs on the New Center staff.

With the amendment complete and in place, we began the second step of recruiting and educating medical physicians to participate in the chiropractic co-admitting program. In the beginning, only a handful of medical physicians chose to participate. As of this writing, nearly all the medical physicians participate in the chiropractic program.

The final step was the formation of a department of chiropractic headed by a chief of services like all other departments within the hospital. I became chief of chiropractic services in 1984 and continue to head the department of chiropractic to date.

Success of the Program

The New Center Co-admitting Program has been in place for over five years. Our program has been reviewed on two separate occasions by the joint commission on hospital accreditation and fully approved both times. The New Center Program has been a great success with virtually no problems for the past five years. I feel the success of the program revolves around three major points: (1) a co-admitting program which allows the chiropractic physician and the medical physician to provide cooperative care. (2) the formation of a separate department of chiropractic headed by a DC. Since each department head holds a seat on the executive committee, the staff chiropractors can be assured that they are represented by someone who fully understands their practice and profession. (3) hospital protocol education for the new staff DCs. Much to my surprise after we began the program, it was not as easy as I expected to get DCs to participate. With some investigation I found out they were intimidated by a lack of understanding of proper hospital protocol. With that in mind, hospital protocol workshops were made available to any DC considering hospital privileges. At present, 35 doctors of chiropractic now participate in the New Center Program.

Future of Chiropractic Hospital Programs

I believe the future will see continued growth in the number of chiropractic hospital programs, but not without struggle. I base this conclusion on the fact that as a result of the antitrust suit against the AMA, the American Hospital Association was forced to change their policy to allow for non-medical physicians to become a part of the hospital staff. When this occurred, I began to receive several calls a week, most of them from medical facilities requesting my help in establishing chiropractic hospital programs. When the antitrust suit decision came down in favor of the chiropractic profession, these calls virtually came to a halt. I remember being asked to speak to the Michigan Hospital Association. When I addressed the group there were 70 hospitals represented. Upon finishing the lecture, I was bombarded by requests to help them establish chiropractic programs in their facilities. Within four days of that meeting, each of the representative hospitals

that enthusiastically requested help in formulating a chiropractic program declined any further discussion on the subject. I later found out off the record, that pressure was brought to bear upon these member hospitals to discontinue any further discussions with me regarding the formation of chiropractic hospital programs. I believe this covert discrimination by the AMA is what we will face in the near future. As in the past, this too we shall overcome. I am concerned about reports that I hear of hospitals with chiropractic programs establishing review committees made up primarily of medical doctors who review and evaluate all positive tests to make sure that the doctor of chiropractic refer the patient to the proper medical speciality. This is not done for the medical doctor; why should it be for the doctor of chiropractic? I feel the decision to refer and/or treat, should be left entirely up to the referring chiropractor. As our profession continues to push for more and more recognition as an alternative health care system, and our practitioners demand recognition as primary health care providers, we must realize that with these demands comes tremendous responsibility to provide quality health care to the sick and suffering people of this world. With this in mind, I believe that hospital staff privileges and chiropractic hospital programs will be a necessity to fulfill this responsibility.

Editor's note: Programs such as the one at the New Center Hospital in Detroit are increasing in number. This is a significant indication that despite the resistance and discriminatory activities of the AMA, the public is demanding versatility and quality from the health care system. In a responsive chord, many acute care hospitals (previously the exclusive domain of medical practitioners) are more closely scrutinizing the advantages of chiropractic programs for their facilities. As was the case with Dr. Gregg, simply recognizing a need, and initiating the dialogue can open receptive hospital doors.

APRIL 1990